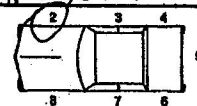
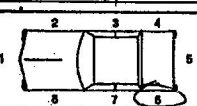


## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. <b>14-17267</b>		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0 8 3 0 3 0 0		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO.							
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED <b>2</b>		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED									
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY <b>LEBANON</b>				DATE OF CRASH <b>10/6/14</b>		TIME: MILITARY <b>1640</b>									
CRASH OCCURRED ON <b>Private Property Bethesda Arrow Springs</b>								WITHIN THE INTERSECTION OF											
IF NOT IN INTERSECTION _____ MILES _____ FEET W N E S OF _____								(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)					CITY CODE <b>8321</b>						
LOG-1		LOG-2		LOC JUR FH9 FILT															
A UNIT NO. <b>1</b>		NO OF OCCUPANTS <b>1</b>		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT <b>USAA</b>													
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) <b>Houghton, Kaitlin</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>6342 SR 730 Wilmington, OH</b>															
PHONE NO. <b>937-307-9519</b>		BIRTH DATE <b>6/21/96</b>		AGE <b>18</b> SEX <b>F</b>		SOCIAL SECURITY NO.		STATE <b>OH</b>		DRIVER'S LICENSE NO. <b>UC828187</b>			OCCUPATION						
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Owen, Jason</b>				ADDRESS <b>2302 Halpin Rd</b>									PHONE						
VEH YR <b>1997</b>		MAKE <b>Toyota</b>		MODEL <b>4 door</b>		COLOR <b>Brown</b>		STYLE		STATE <b>OH</b>		LICENSE PLATE NO. <b>FWP6380</b>		TOWING SERVICE		VEH/PED DIR FROM <b>S</b> TO <b>N</b>			
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE									
8 UNIT NO. <b>2</b>		NO OF OCCUPANTS <b>0</b>		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT <b>Westfield Ins</b>													
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) <b>Shaffer, Mary J</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>9425 New Brington Road</b>								PHONE <b>513-897-9903</b>							
PHONE NO.		BIRTHDATE m   D   y		AGE		SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.		OCCUPATION					
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Shaffer, Mary J</b>				ADDRESS <b>9425 New Brington Road</b>								PHONE <b>513-897-9903</b>							
VEH YR <b>2009</b>		MAKE <b>Nissan</b>		MODEL <b>SW</b>		COLOR <b>White</b>		STYLE <b>SW</b>		STATE <b>OH</b>		LICENSE PLATE NO. <b>EUM7303</b>		TOWING SERVICE		VEH/PED DIR FROM TO			
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE									
C FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE m   D   y		AGE		POSITION A B C D E F				INJURIES A B C D E F					
D FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE m   D   y		AGE		POSITION A B C D E F				INJURIES A B C D E F					
E FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE m   D   y		AGE		POSITION A B C D E F				INJURIES A B C D E F					
F FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE m   D   y		AGE		POSITION A B C D E F				INJURIES A B C D E F					
A B C		INJURED TAKEN TO				By		A B C D E F		RESTRAINTS 1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED				ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 1 TESTED 2 TESTED					
A B C		INJURED TAKEN TO				By		A B C D E F		RESTRAINTS 1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED				ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 1 TESTED 2 TESTED					
A		OFFENSE CHARGED AND DESCRIPTION <input type="checkbox"/> ORC CITY ORD				A B C D E F		EJECTION A B C D E F				DRUGS A TESTED B TESTED 1 YES 2 YES 1 NO 2 NO							
O		OFFENSE CHARGED AND DESCRIPTION <input type="checkbox"/> ORC CITY ORD				A B C D E F		EJECTION A B C D E F				DRUGS A TESTED B TESTED 1 YES 2 YES 1 NO 2 NO							
RECEIVED CALL <b>1640</b>		DISPATCHED <b>1720</b>		ARRIVED <b>1740</b>		CLEARED <b>1800</b>		OTHER TIME <b>10</b>		TOTAL MINUTES <b>00 off 30</b>		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE				1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLEGAL DRUG			
DATE REPORT FILED <b>10/16/14</b>		PHOTOS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		OFFICER'S NAME <b>Fry</b>		BADGE NO. <b>119</b>		CHECKED BY											